



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Work Support Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

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No.: 00-79

**File: 1299
2731
2799**

Date: 11/07/2000

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: Medium

**SUBJECT: CARES CHANGES RELATED TO LONG TERM CARE REDESIGN,
DIVESTMENT & SPOUSAL IMPOVERISHMENT**

CROSS REFERENCE: Please refer to other recent operations memos in the series discussing: Long Term Care, Pace & Partnership, Family Care and Community Waivers and SSI in CARES for further information on these topics.

Family Care pilot counties may refer to training materials from DWD/DES/BFS and DHFS on-site training for further information on Family Care.

EFFECTIVE DATE: July 3, 2000

PURPOSE

This Operations Memo provides you with an understanding of CARES, and policy and process changes associated with long-term care program policies effective July 3, 2000.

These include:

1. Long Term Care Financial Options Counseling Tool

To help people planning for long term care needs, a new process has been added to the Client Registration subsystem of CARES that allows ES workers, care managers and resource center workers to predict whether an individual may be eligible for publicly funded long term care services (currently or in the next 6 months.)

2. Spousal Impoverishment Changes

A “community spouse” (a person to whom a nursing home or waiver participant can give assets and income) can include a spouse who is participating in a waiver program.

3. Divestment policy clarification and corresponding CARES changes.

4. CARES Changes

Changes have been made in the application entry screen flow to better reflect the evolution of long term care programs.

LONG TERM CARE FINANCIAL OPTIONS COUNSELING TOOL

This tool is composed of two screens CRFC and CRFD. It may be used by Economic Support workers, care managers and resource center workers to determine whether an elderly/disabled client could possibly be eligible for Medicaid or Family Care (currently or in the next 6 months). These eligibility ‘possibilities’ are based upon minimal information provided by the applicant, or by a representative of an individual interested in long term care. This screen is available statewide, and is intended for use by staff in all counties.

The information provided for this financial prescreening is not verified. This screening may be redone multiple times to reflect various scenarios for an individual consumer. Each time an individual requests a prescreening, or the worker feels it is appropriate to do one, a new set of screens (CRFC and CRFD) should be initiated. The individual seeking long term care information may request a printed copy of these screens for their records. This “prescreen” is used only as an estimate of eligibility. For this reason, it is never necessary to keep screening numbers to be used again. All results are for counseling purposes only because none of the screen information is verified.

CRFC is used to collect minimal Information for CARES to use in selecting long term care assistance programs appropriate to the consumer. Information collected includes:

- birth date
- spousal living arrangement
- children under 19 in household
- disability/SSI status
- work/Health and Employment Counseling (HEC) status
- functional screen status
- assets, income and medical expense information.

The more complete and accurate the information given to these questions, the more complete and accurate the CRFD screen results will be. If no name or address is entered in CRFC, leave the last question, “May we keep the data you have provided on file?” blank. A screening number is always assigned to the case when you hit the “enter” button after filling out the screen. If you ‘tran’ to another screen before filling out and entering the required CRFC information, the data will be lost. However, once the CRFC screen data is entered and you ‘tran’ to the CRFD screen you may re-access the CRFC screen data by entering the SCREENING NUMBER which appears at the top of the CRFD screen. If a consumer already has already completed a screening, and the screening number is known, ‘tranning’ to CRFC with the screening number in the parms field will allow the different eligibility variables to be changed and new estimates to be made.

CRFD displays the potential eligibility results as determined from the information entered on screen CRFC. Both current eligibility possibilities and potential eligibility six months into the future are displayed. Programs presented include: Medicaid (MA), (non-Waivers, Waivers, Nursing Home), MAPP, and non-MA Family Care.

The Help Screens in CARES explain in detail all the individual fields on CRFC and CRFD.

FAMILY CARE PILOT VS. NON-PILOT COUNTIES

CRFC and CRFD are intended for use in all counties statewide.

In non-Family Care counties, a Family Care determination will not be done, and the Family care entries on the screen will display as "N/A" (not applicable).

In Family care pilot counties, Family Care may be offered in conjunction with MA (displayed in the "FC option" field on CRFD) or as a stand-alone program delivering long term care benefits only (displayed in the "FC non-MA" field on CRFD).

SPOUSAL IMPOVERISHMENT CHANGES – COMMUNITY SPOUSE DEFINITION

CURRENT SPOUSAL IMPOVERISHMENT POLICY

A community spouse is:

1. A person who is legally married to an institutionalized (in a medical institution for 30+ days or participating in a community waivers program) person; and,
2. Who is not residing in a nursing home or participating in a community waiver program.

NEW SPOUSAL IMPOVERISHMENT POLICY

A community spouse is:

1. A person who is legally married to an institutionalized (in a medical institution for 30+ days or participating in a community waivers program) person; and,
2. Who is not residing in a nursing home.

This means that a client in a nursing home whose spouse is participating in a community waivers program will have his/her eligibility and patient liability amount determined under spousal impoverishment rules. It also means that if the client and his/her spouse are both participating in a community waivers program, spousal impoverishment rules for eligibility and cost share calculation apply in both cases.

Applicant/Client	Applicant/Client's Spouse	Do Spousal Impoverishment Rules apply to the applicant/client eligibility determination and cost share calculation?
Residing in a medical institution for 30 or more days	In community	YES
Residing in a medical institution for 30 or more days	Residing in a medical institution for 30 or more days	NO
Residing in a medical institution for 30 or more days	Participating in a community waivers program	YES
Participating in a community waivers program	In community	YES
Participating in a community waivers program	Residing in a medical institution for 30 or more days	NO
Participating in a community waivers program	Participating in a community waivers program	YES

COMMUNITY WAIVER COUPLES AND SPOUSAL IMPOVERISHMENT

A married couple can apply for waivers together and should be entered on the same case. If both apply and a community spouse income allocation (CSIA) is requested, determine the cost share manually using a DSL-919 and the Spousal Income Allocation worksheet."

Both members of a couple participating in or wanting to participate in community waivers can be each other's community spouse. This means that in determining Waiver Spouse #1 initial eligibility, the assets of both spouses are tested against the Community Spouse Asset Share (CSAS) plus \$2,000. Waiver Spouse #2's initial eligibility will also be based upon the couple's assets plus \$2,000. For 12 months disregard the CSAS in determining each spouse's waiver eligibility. After 12 months, the assets of each individual must be less than the \$2,000 asset limit or the individual will be terminated from waiver eligibility.

1. When both spouses are applying for community waivers, use [PF 16] to create a second ANCW and ANMC screen in order for 2 waiver assistance groups to build.
2. Cost shares for both spouses applying may need to be manually calculated if spousal allocation is requested.
3. The asset assessment dates for two spouses can be different. If both spouses are applying, AAAA only appears for one individual in the driver flow. The eligibility worker has to 'tran' with the Case/PIN number of the second individual in the parameters (parms).

CARES CHANGES FOR DIVESTMENT

CARES changes include:

1. Ending the 36-month penalty cap. Divestment penalty periods are not capped.
2. The question on AAAQ now asks "Has anyone sold, transferred or given away property in the last 36 months?"
3. AAAT asks about divesting through trusts.

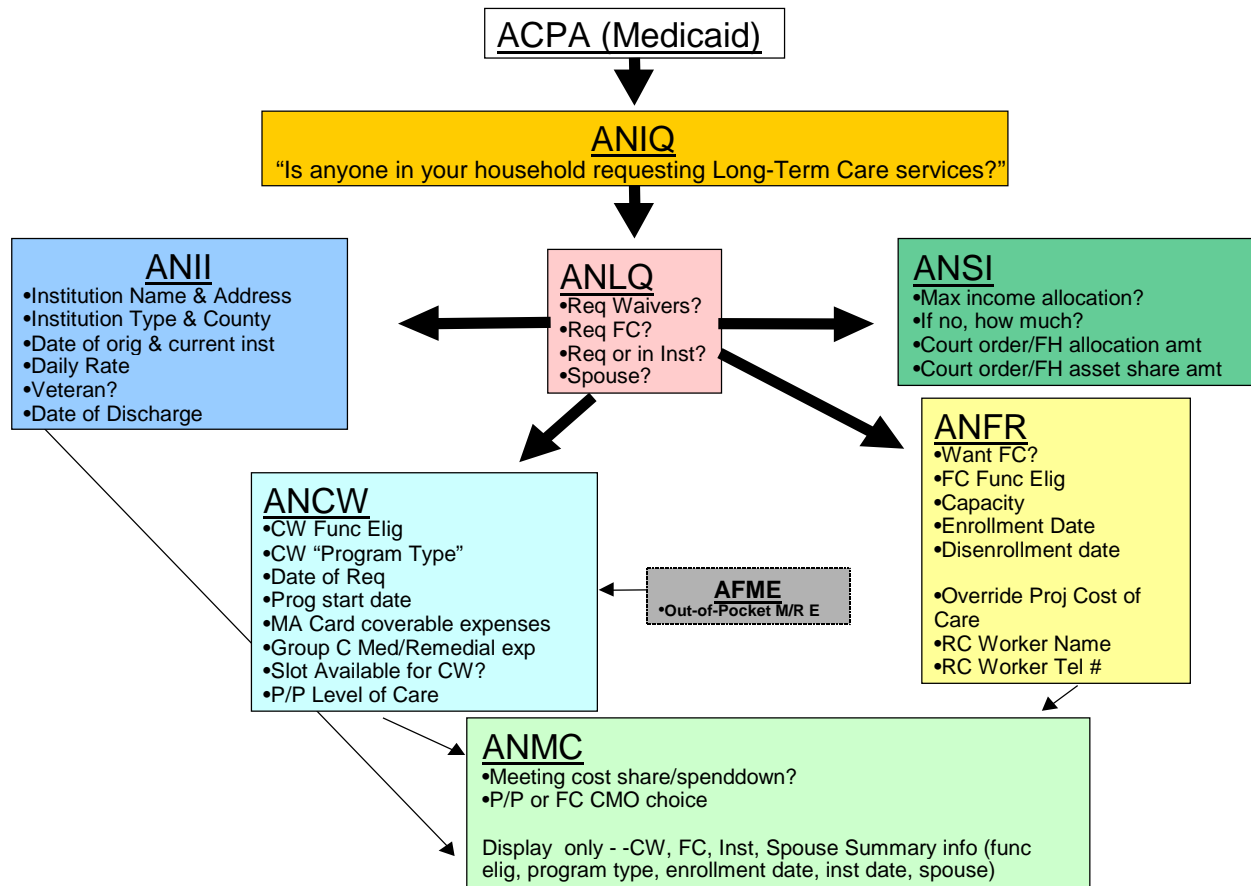
These changes support policy in existence for a number of years that had not been automated.

CARES LONG TERM CARE CHANGES***APPLICATION ENTRY***

Changes have been made in the application entry screen flow to better reflect the evolution of long term care programs, including institutional, Community Waivers, and Family Care.

A question now exists on ANLQ regarding interest in Long Term Care programs. If this question is answered "yes", CARES will take you to detail screens to gather data regarding Community Waivers, Family Care, Institutions, and spousal Impoverishment. This allows workers to gather all long term care information from the screens, and to discuss all options with the client at a single location.

This diagram shows the reprogrammed flow for long-term care cases.



Note that this means the logic link between the ANLA living arrangement and the ANII institutions screen has been broken. You will now be driven to ANII based upon the answer to the institutional question on ANLQ, not based on the living arrangement entered on ANLA.

NEW & MODIFIED CARES SCREENS

Following is a complete list of screens that have been added or modified to support long term care redesign. Details about these screens can be found on the screen level help, in the DES Training information that was distributed in conjunction with training in mid 2000, and in other Operations Memos regarding the new long term care processes.

Note that there are other screens which are affected which are not listed here - those are things like the SFU screens, which will now build the new AGs, and query screens, which will now display the new AGs for FC, PACE, and Partnership.

SUBSYSTEM	TRAN	NEW or CHANGED	SCREEN NAME
CR			
	CRFC	New	Long Term Care Options Financial Screening (1 of 2)
	CRFD	New	Long Term Care Options Financial Screening (2 of 2)
AE			
	ANIQ	Changed	Individual Attribute Questions
	ANLQ	New	Long Term Care Questions
	ANII	Changed	Medical Institutions
	ANCW	Changed	Community Waivers
	*ANFR	New	Family Care
	ANMC	New	Managed Long Term Care
	AFME	Changed	Medical Expense
	AGEC	Changed	Eligibility Results Confirmation
	AAJO	Changed	Jointly Owned Assets
	AALA	Changed	Liquid Assets
	ANBC	Changed	Benefits Received (2 of 2)
ED/BC			
	EFRD	New	Family Care Non-MA Resource Details
	EFSC	New	Family Care Cost Share Budget
	ECED	Changed	Community Waivers Eligibility Determination

* This screen is only available to Family Care pilot counties. You will also only be able to request family Care from ANLQ if you are in a Family Care pilot county.

CONTACT

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Note: Email contacts are preferred. Thank you.